



DHS/DOV

Department of Human Services Division of Volunteerism
2010

ARKANSAS VOLUNTEER COMMUNITY OF THE YEAR AWARDS

Nomination Cover Sheet

DEADLINE: September 30, 2010

NOMINEE (Please type or print)

Community Name _____ Population _____

County _____

Mayor's Name _____

Mayor's Address _____

Mayor's Daytime Phone _____ Email _____

State District Officials: Senator(s) _____

Representative(s) _____

*Has your community reported its volunteer hours to the Economic Impact of Arkansas
Volunteers for 2009? Yes _____ No _____*

NOMINATOR (Please type or print)

Name _____

Address _____

Daytime Phone _____ Email _____

Date _____

Signature of Nominator _____

NOMINATIONS MUST CONFORM TO GUIDELINE CRITERIA OR THEY WILL NOT BE SUBMITTED TO THE SELECTION COMMITTEE. All nominations will be judged on guideline criteria and supplementary material. All nominations become the property of the DHS Division of Volunteerism and will not be returned to the nominee. **Please note:** *Because of processing and tracking complications, FAXED nominations cannot be accepted.*

See Next Page for Guideline Criteria

ARKANSAS VOLUNTEER COMMUNITY OF THE YEAR

NOMINATION GUIDELINES

Nomination Statement

A statement **not to exceed** three (3) typewritten (*12 point font only*), double-spaced, letter size (*8 1/2" x 11"*) pages (*one side only*) must accompany nomination cover sheet.

Supplementary materials may include photographs, newspaper clippings, and/or support letters. All supplementary material must be mounted on (*8 1/2" x 11"*) paper and **must not exceed** five (5) pages (*one side only*).

The statement should describe community volunteer activities (*within a 12-month period*) and their impact on the community by answering the following questions.

1. What is the number of broad volunteer activities providing needed services to your community? Describe the scope of these activities. How important are these activities to the overall welfare of the community?
2. What is the approximate number of volunteers actively working in these activities? And what is the total number of volunteer hours worked?
3. Were there any unusual challenges that had to be overcome so that these volunteer activities could be accomplished? (*Such challenges might include a community crisis, polarized public opinion, a disaster, or limited resources.*)
4. Are the activities innovative and/or of long term service? (*Innovation takes into consideration the degree to which the activities represent a new involvement of volunteers and/or a significantly new approach to a particularly pressing problem or significant event. Long term means an ongoing activity that provides service for longer than one year.*)

The Arkansas Volunteer Community of the Year Awards is sponsored by the Governor's Office, the Arkansas Municipal League, and the DHS Division of Volunteerism. For more information about the Volunteer Community of the Year Awards, contact Rebecca Burton, DOV Program Developer, at 501-682-7540.

Return Form by September 30, 2010, to:
DHS/Division of Volunteerism
PO Box 1437, Slot S230
Little Rock, AR 72203-1437